

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06363

1. Entity Name

H.S. MOODY ELEMENTARY PTO, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90050 036 \*\*\*\*61.25

Principal Place of Business	Mailing Address
%JUDITH E. JOACHIM 5425-38TH AVE. W. BRADENTON FL 34209	%JUDITH E. JOACHIM 5425-38TH AVE. W. BRADENTON FL 34209-6013

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2470564	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOACHIM, JUDITH E.  
5425 38TH AVENUE WEST  
1407 WATER OAK WAY SOUTH  
BRADENTON FL 34209

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Judith E. Joachim*

2/1/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRAYLOR, HARRY	
STREET ADDRESS	4908 1ST AVE DR NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVAN, ANITA	
STREET ADDRESS	5008 19TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOACHIM, JUDITH E.	
STREET ADDRESS	1407 WATER OAK WAY S	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POWERS, LORI	
STREET ADDRESS	4931 33RD ST W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRUCHEY, ROBIN	
STREET ADDRESS	3304 45 ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levan, Anita	
STREET ADDRESS	5008 19th Street West	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Parsons	
STREET ADDRESS	4610 33rd St. W.	
CITY-ST-ZIP	Bradenton FL 34207	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isantles, Tracey	
STREET ADDRESS	5142 44th St W.	
CITY-ST-ZIP	Bradenton FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robin L. Fruchey*

L. Fruchey 2-15-00 941-795-8026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)